ADAPCP OUTPATIENT PROBLEM LIST AND TREATMENT PLAN REVIEW  For use of this form, see AR 40-66; the proponent agency is OTSG				
Problem No.	Problem Statement	Continue Treatment Plan	Modify Treatment Plan	Date Reviewed
Prepared by (Signature and Title):			Date	
PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):				